

40-

701162

To Whom It May Concern:

JAN 12 1976

I, _____ (name) _____ y and state) _____, do being the next of kin of _____ (name) _____, hereby authorize the disinterment and examination of the remains of my late _____ (relationship) _____ (name) _____, under the direction of the Center for Human Radiobiology of the Argonne National Laboratory, 9700 South Cass Avenue, Argonne, Illinois 60439, or its scientific successors, such disinterment and examination to be for the purposes of advancing medical and scientific research and education. I authorize the transportation of said remains to Argonne National Laboratory for the purpose of carrying out such examination and to retain such bone specimens as the scientific personnel may deem fit. Following examination, the remains will be returned for reinterment. The grave site will be restored to its original condition after disinterment and again after reinterment. All the above procedures will be accomplished at no cost to me.

Signature _____

Address _____ City, _____ State _____

Date January 3, 1976

Witness:

[Signature]
 8004028

 Name

35 Lyline Dr. DANBURY, Conn

 Address: _____ City, _____ State 06810